



Above: Clergy, religious men and women during Nairobi Ecclesiastical Province Awareness on Care Reform during which a knowledge, attitude and practice survey was conducted. Photo by AMECEA.

Changing THE WAY WE careSM



Kenya Conference of Catholic Bishops Support for Care Reform

Knowledge, Attitudes and Practices Survey of Catholic Church Leadership

Summary Report

2023



INTRODUCTION

The Kenya Conference of Catholic Bishops (KCCB) is the assembly of all Catholic Bishops in Kenya. KCCB is taking a leadership role in committing to ensure that all children in Kenya can grow up in a loving and safe family environment. As part of this commitment, KCCB is advocating care reform, in line with Kenya's national commitment to preventing the separation of children from their families and supporting the reintegration of children who have been separated.

Care reform

Research indicates that institutional care, such as that provided in Charitable Children's Institutions (CCIs), hinders children's growth and development. Children who transition from such institutions to family settings—be it returning to their biological families or entering alternative care like foster care or Kafaalah—have improved physical, emotional, and cognitive well-being.¹

The process of care reform focuses on shifting resources from institutional to family and community-based care. It involves retraining and redeploying staff who previously worked in CCIs. Care reform aims to reshape the caregiver, family and stakeholder attitudes in favor of family and community care over institutional solutions.



Figure 1: The three pillars of Kenya's care reform strategy

Kenya's National Care Reform Strategy 2022-2032 envisions a future in which all children and young people in Kenya live safely, happily and sustainably in family and community-based care where their best interests are served. The three pillars of the strategy are: 1) Prevention of separation and family strengthening; 2) Strengthening and expanding family and community-based alternative care options for children who are unable to live in parental care; 3) Tracing, reintegration and transitioning to family and community-based care.

The Catholic Church and care reform

The Catholic Church plays a critical role in realizing the vision of transitioning children from institutional to family-based care. In 2020, Kenya had approximately 850 CCIs, housing over 45,000 children.² A government directive during the COVID-19 pandemic ordered return of children to families to safeguard their health resulting in many children leaving

¹ World Health Organization (2004). [The importance of caregiver-child interactions for the survival and healthy development of young children: A review](#); Nelson, C. A., Zeanah, C. H., Fox, N. A., Marshall, P. J., et al. (2007). Cognitive recovery in socially deprived young children: The Bucharest Early Intervention Project. *Science*, 318(5858), 1937-1940; <https://www.science.org/doi/10.1126/science.1143921>; van IJzendoorn, M. H., Bakermans-Kranenburg, M. J., Duschinsky, R., Fox, N. A., et al., (2020). Institutionalisation and deinstitutionalisation of children 1: a systematic and integrative review of evidence regarding effects on development. *The Lancet. Psychiatry*, 7(8), 703-720. [https://doi.org/10.1016/S2215-0366\(19\)30399-2](https://doi.org/10.1016/S2215-0366(19)30399-2).

² Ministry of Labour and Social Protection (2020). Summary of Data Analysis from Charitable Children's Institutions. State Department for Social Protection. 4 April 2020, referenced in National Council for Children's Services (2022). [National Care Reform Strategy for Children in Kenya 2022 – 2032](#).

the CCIs. Yet more than 26,000 children remained, and the majority have since returned.³ Out of 850 CCIs in Kenya, 17% (145) are owned and managed by the Catholic Church.⁴

As part of this commitment, KCCB has partnered with Changing the Way we CareSM (CTWWC), a global initiative seeking to catalyze a global movement that puts family care first and reduces the number of children placed in residential care. This partnership involves sharing experiences and learning from CTWWC's expertise in advocating for and implementing care reform strategies globally and nationally.

Together, KCCB and CTWWC undertook three assessments, including the role of Diocesan Family Life Departments in supporting care reform and a Situation Analysis of Catholic CCIs in two Archdioceses in Kenya. This report is a summary⁵ of a knowledge, attitudes and practices survey.

Box 1: What is transition of care?

Transition is the process of an organization changing from residential care provision to family or community-based care. Transition involves change at all levels of the organization and includes, but is not limited to, the safe reintegration of children.

Transition process has three main phases, which can occur in parallel: (1) Engagement, (2) Preparation and Onboarding and (3) Active Transition Stage. Active transition can follow one of two pathways, either full transition to other non-residential services (such as day centers, early childhood development centers, disability support hubs or similar) or safe closure and reintegration or divestment of the residential care facility. In both cases, children will be reintegrated with families where possible or placed in appropriate family-based care. Transition requires commitment from donors, volunteers, founders, managers, staff, children, families, communities, care leavers and government.

KNOWLEDGE, ATTITUDES AND PRACTICES SURVEY

In July and August 2023, CTWWC in partnership with KCCB's Child Protection Desk and National Family Life Office conducted a survey to evaluate the knowledge, attitudes, and practices (KAP) of church leadership (clergy, religious and lay leaders) and CCI workers concerning child care. This aimed to assess their understanding of care reform, child development, and the impacts of residential care, as well as their attitudes toward and practices around transitioning residential care to family- and community-based support.

Key questions included:

- How well do church leaders understand care reform and its impact on child development?
- What are their beliefs about transitioning to family care?
- How do these views vary between groups within the church and geographically?

The survey focused on five key areas: child development, family and community-based care, transition, reunification and reintegration, and family strengthening. It also identified training needs.

The findings will help guide CTWWC and KCCB's care reform initiatives by highlighting necessary awareness raising, training and capacity building needs. It also provides baseline data to track progress in changes in KAP to gauge KCCB's impact on care reform.

³ Ministry of Labour and Social Protection (2020). Summary of Data Analysis from Charitable Children's Institutions. Data provided by DCS Institution Section, cited in National Council for Children's Services (2022). [National Care Reform Strategy for Children in Kenya 2022 – 2032](#).

⁴ International Union of Superiors General (Rome) (2023). [Regional Portrait of Catholic Care for Children in Eastern Africa](#).

⁵ The full report is available for use within KCCB, this summary is shared externally to inform other interested actors.

ABOUT THE RESPONDENTS

Of the 194 church leaders and CCI workers who received the survey, 185 (95%) responded. The respondents included the following: priests, religious men and women, and lay. They were further categorized based on their gender, role, education level, and length of time working in CCIs.

Just over half of the respondents (93 of 184, 51%) worked within CCIs, equally divided between full-time and part-time (47 full-time and 46 part-time), working in 21 different archdioceses and dioceses in the four ecclesiastical provinces of Kisumu, Mombasa, Nairobi and Nyeri. Of these, there were three male respondents for every two female respondents, with the great majority aged 35-60 years. Management staff, including managers, directors, and administrators, make up 38%, and 28% are social workers or counselors. Other roles include pastoral work, one house parent, and one support staff. Regarding length of service, 29% had served for over a decade, 11% for 6-10 years, 20% for 2-5 years, 27% for up to two years, and 13% for less than a year.

FINDINGS

Knowledge

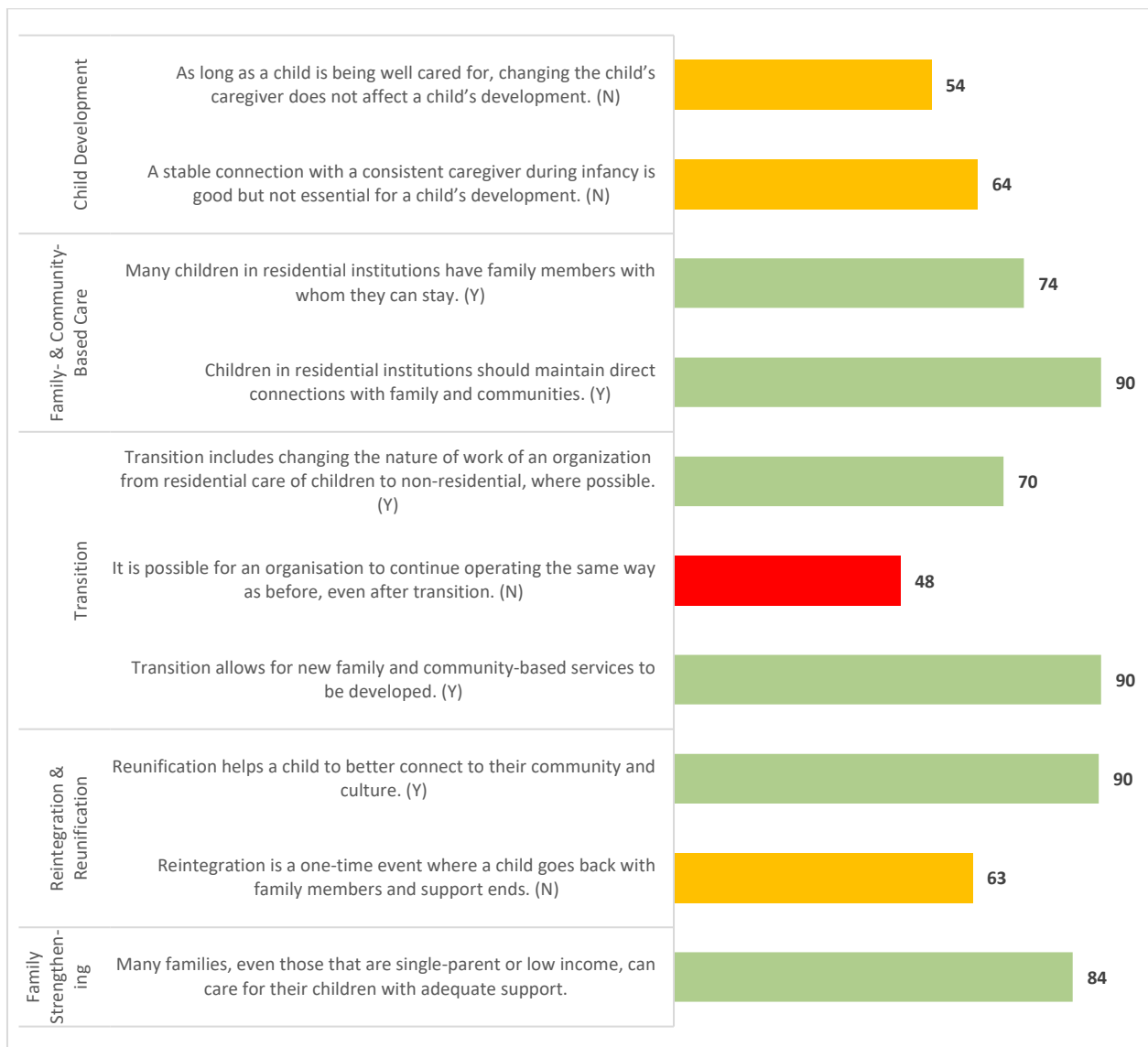


Figure 2: Percentage of respondents who correctly answered knowledge-related questions (n=184)

Notes: correct answer to question is indicated as Y or N after the statement. Green = over two-thirds correct; Amber = half to two-thirds correct; Red = less than half correct.

There were high levels of knowledge among respondents in all five key areas: child development, family and community-based care, transition, reunification and reintegration, and family strengthening. This expertise may stem from professional training, as well as sensitization and awareness efforts by KCCB and CTWWC in Kisumu, Mombasa, Malindi, and Kisii prior to the survey (in September 2022). It may also indicate a broader awareness of care reform within Kenya, spurred by the government's adoption of the National Care Reform Strategy.

For **child development**, less than two-thirds of respondents recognized the importance of having a stable connection with a consistent caregiver. Almost half believed that changing caregivers would not necessarily harm a child's development, and close to two-thirds thought that an unstable connection with a caregiver does not impact a children's development. This is concerning, as evidence suggests that consistent, stable caregiving, especially in infancy, is crucial for a child's physical, emotional, and cognitive development.

Respondents demonstrated high knowledge levels about the **importance of family- and community-based care**, acknowledging that families can effectively care for their children with adequate support, and that children can thrive in communities after reintegration.

Knowledge gaps were also notable regarding the **reintegration and transition** processes. Nearly two-thirds of respondents incorrectly viewed reintegration as a one-time event, rather than understanding it as an ongoing process that includes family tracing, assessment, preparation, the act of reunification, and continued support and monitoring for up to a year afterward. Additionally, less than half of the respondents realized that transitioning away from institutional care requires a new way of working. Notably, more respondents in Kisumu and Mombasa, and those working in CCIs, were likely to think CCIs could operate the same way post-transition, highlighting a critical need for education on how transition will fundamentally change their operations. This underscores the importance for CCI staff, who will be directly affected, to understand that transition will alter the nature of their work. However, more encouragingly, **family strengthening** views were positive, with more than four in five believing that many families, including single-parent or low income, can care for their children with adequate support.

Attitudes

Most respondents had a positive attitude about the benefits of **family-based care** and were eager to advance care reform. They also had a positive attitude about using their charisma to support community and family-based care. However, as shown in the previous section, despite knowledge of the drawbacks of residential care, a significant portion of respondents, particularly those working in CCIs, still viewed residential institutions positively. About three-quarters believed that residential institutions should continue to admit children, and two in five thought that these homes were the best option for children with disabilities. Just over half believed that effective childcare could be provided in CCIs.

The survey explored whether there were differences in attitude between those working in CCIs compared to those who do not. Although 90% of all respondents agreed that reunification helps children connect better with their community and culture, only 60% thought it was in the best interest of the children. Overall, there was a more positive attitude toward transition and family-based care from those working in CCIs compared with those not working directly in CCIs, although the differences were not huge. Half of those who did not work in CCIs felt institutions should still be able to admit children and care for them, only slightly higher than the 45% of those working within CCIs. Six in every 10 priests and nearly six in ten sisters felt that childcare and development would have the same outcome whether the child is in the institution or at home. Less than half of CCI managers (48%) and just over half of social workers working in CCIs (54%) shared the same belief. Pro-CCI attitudes were highest in Kisumu, Mombasa and Nairobi Archdioceses.

This disparity indicates a critical area for targeted education and advocacy to align attitudes more closely with best practices in child development and care reform.

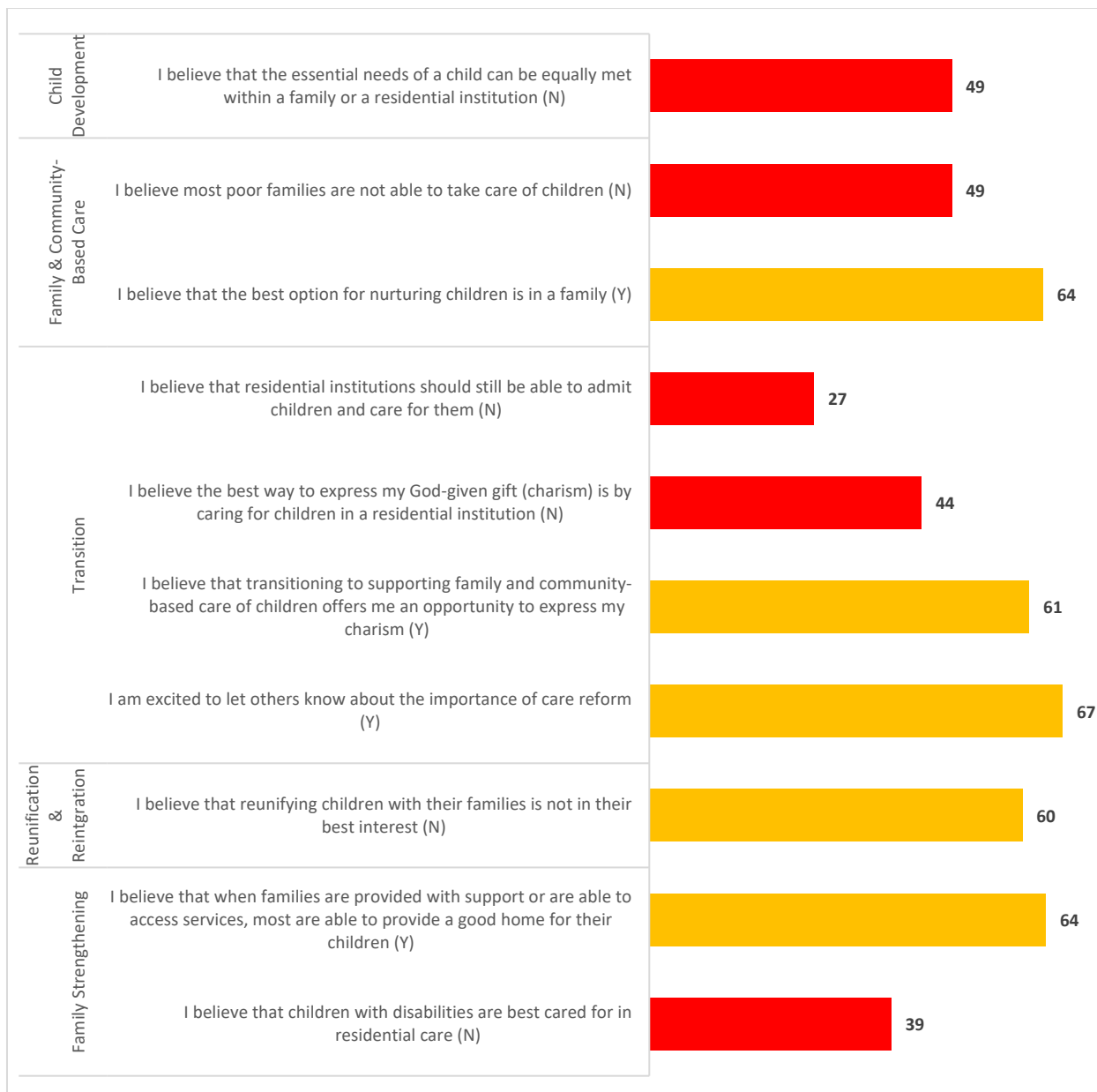


Figure 3: Percentage of respondents who correctly answered attitude-related questions (n=184)
 Notes: correct answer to question is indicated as Y or N after the statement. Green = over two-thirds correct; Amber = half to two-thirds correct; Red = less than half correct.

Practices

The survey included questions on practices to examine how knowledge and beliefs among individuals are translated into actions concerning care reform, both within Catholic-run CCI and the broader Catholic Church. Acknowledging the different positions held by respondents, distinct questions were tailored to reflect their specific roles either working directly in CCIs or in church leadership positions.

The survey revealed several positive practices among respondents that support care reform efforts. A significant majority (over 90%) of CCI workers frequently engaged in educating families and communities about childcare, expressed their charism by advocating for family and community-based care, and encouraged others to support care reform and family-based care. This trend was similarly observed among non-CCI workers. Furthermore, most CCI-based respondents actively supported families to enable them to care for their children and helped maintain connections with their families and communities. A slightly smaller majority, facilitated children's engagement with community life outside the institutions.

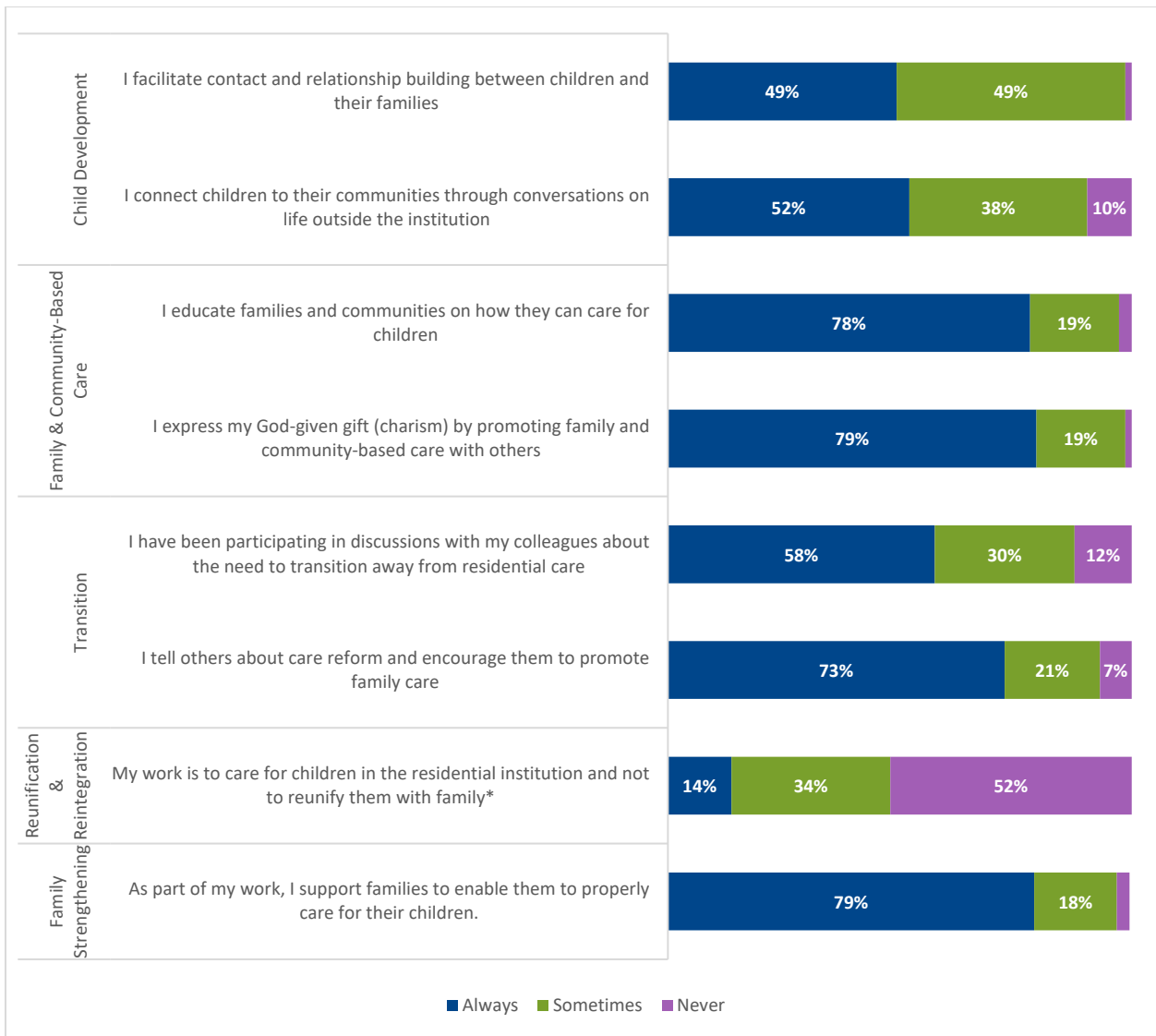


Figure 5 Frequency of care reform-related practices, percentage of CCI workers (n=73)
 Note: * practice that is not in line with care reform

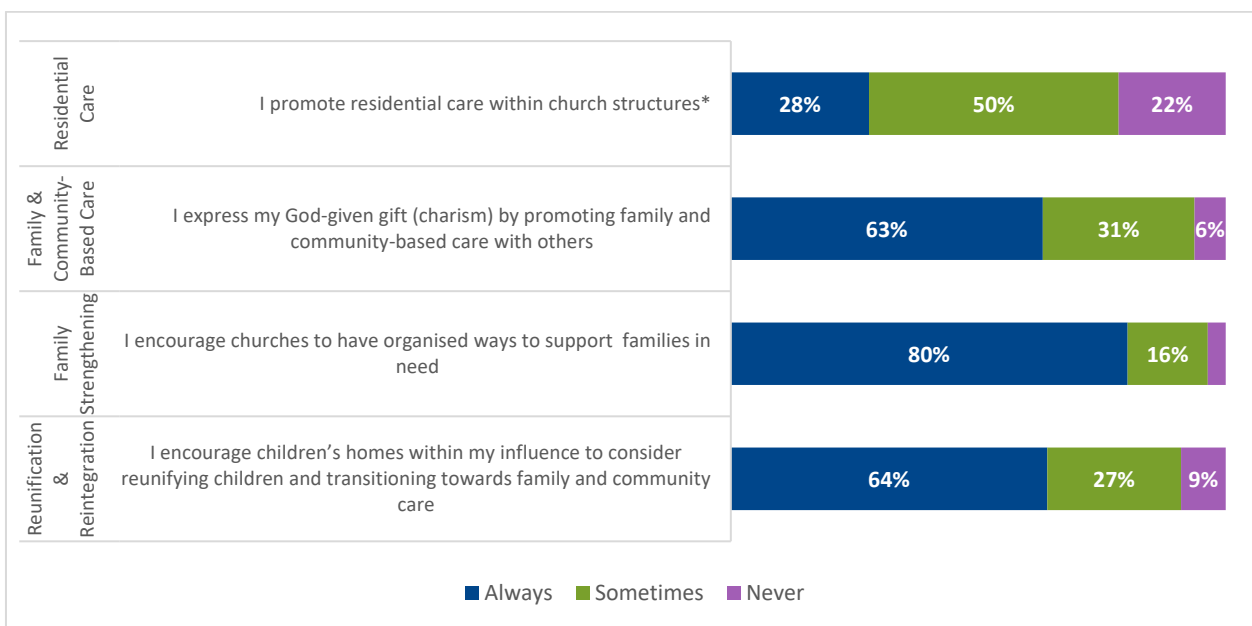


Figure 6 Frequency of care reform-related practices, percentage non-CCI staff (n=111)

There was a generally positive view towards reintegration and transition, with many discussing these benefits with peers. However, only about one in five non-CCI workers consistently avoided promoting residential care, and nearly one-third often advocated for it within church structures. More than a third of respondents infrequently or never encouraged CCIs to consider reunifying children with families or transitioning towards family and community care. Among CCI workers, 14% stated that reunifying children with families is never part of their job, and 34% said it rarely is, indicating that only just over half saw reunification of children with their families as a component of their role.

Conclusion of KAP Findings

Overall, there is a widespread commitment to transition that is being put into practice. These practices align with the knowledge of CCI workers about child care, particularly regarding reunification, organizational transition, and family strengthening. Although there is knowledge about the benefits of family care for child development, this does not always align with knowledge about the developmental impacts of institutionalization, especially for children with disabilities.

There was a notable discrepancy with ongoing attitudes about child development; nearly half of CCI-based decision-makers believe that child care outcomes are the same in residential care as in family-based care. This attitude could hinder the promotion of transitioning to family- and community-based care.

There is also a need to better engage non-CCI workers, especially priests, in translating knowledge and attitudes into practices that support care reform. Over three-quarters of non-CCI respondents, predominantly priests, promote residential care within church structures, highlighting a significant area for improvement in advocacy and education efforts.

Training Needs

The survey revealed substantial participation in care-related sensitizations among respondents. Over a third (35%) had attended sensitizations within the past year, over half (53%) in the past two years, and 60% within the past five years. Despite this, one in five respondents has not participated in any related sensitization for more than five years. The opportunities for training are similar for both priests and sisters, with 26% of sisters and 28.4% of priests having attended care reform-related training within the past five years.

Most sensitizations had covered case management (including family tracing and assessment), alternative family-based care, reintegration and reunification, parenting, life skills, household economic strengthening, transition of residential care institutions, referrals, and care for children with disabilities.

Participants also suggested additional training in areas such as safeguarding, care and protection of children among pastoralist communities, care for children with disabilities, and enhanced parenting techniques.

The high level of sensitization reflects the strong knowledge levels observed. However, the sensitization

Box 2: Children with disabilities and care reform

Children with disabilities are placed in higher numbers proportionally than their peers without disabilities and are too often the last to be placed with their families or other forms of family- or community-based care. Despite the often-limited services available to support the reintegration of children with disabilities, there is growing success with disability-inclusive approaches.

In Kenya, initiatives include tackling disability-related stigma and discrimination in families, CCIs and communities; mapping and establishing community support hubs for families; investing in specialist care for families that need additional support; and promoting disability-inclusive family strengthening approaches such as respite care, inclusive day care services, peer support groups, enhanced cash transfers and specialist community-based rehabilitation and health services.

For more information about disability and care reform in Kenya, see CTWWC's [*Learning Brief: Kenya County Disability Networks and Care Reform, 2023*](#).

results indicate a need for more targeted and nuanced engagement to fully secure buy-in on all aspects of care reform. This is especially crucial in emphasizing the importance of reintegration for all children and the practical aspects of transitioning from institutional care to family-based care. For CCI staff, there's a particular need to translate their charism and belief in the value of family-based care into proactive measures toward preventing new placements of children into CCIs and facilitating reintegration and transition. For Church leaders, it is vital to help them understand the importance of not promoting residential care within church structures but of sensitizing the church members to the potential harm of residential care and the importance of supporting families and communities to care for children.

ACTION POINTS

The following recommendations seek to build on the care-related capacity building programs already conducted, with a focus on promoting positive attitudes to care reform.

The findings from this KAP survey highlight some key considerations for KCCB and CTWWC in order to enhance existing child care capacity-building programs, with a focus on fostering positive attitudes towards family-based care.

1. **Invest in Early Childhood Development capacity-building:** Enhance understanding of the crucial role of a stable and nurturing caregiver, which is best achieved within family- and community-based care settings. This training will emphasize the foundational importance of secure attachment in early development.
2. **Focus capacity-building on how to support children with disabilities and their families:** Prioritize inclusive family strengthening programs that place children with disabilities at the forefront of all reintegration and transition efforts. This will ensure that care reform addresses the needs of all children, particularly those with disabilities.
3. **Use social and behavior change methodologies and approaches in care reform and transition training:** Adapt current training materials to better translate knowledge into positive attitudes. This adaptation could target CCI-based personnel such as priests, sisters, managers, and social workers, particularly in the Archdioceses of Kisumu, Mombasa, and Nairobi, where attitudes may be more entrenched.
4. **Enhance training on organizational transition:** Focus capacity building on the broader implications of transitioning from institutional to family-based care. This training should include CCI workers, administrators, board members and church leaders whose attitudes and practices can influence the success of transitions. An important part of this training will be addressing and challenging the coexistence of support for both residential and family-based care approaches identified in the survey.
5. **Regularly repeat the KAP survey** to track changes in attitudes and practices over time. This will help measure the impact of the KCCB's care reform activities and provide data to further refine and target training and reform efforts.

By acting on these findings, KCCB will be able to build on the progress already made and drive deeper and more effective care reform across the network of Catholic-run CCIs and the broader church community.

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Need to know more? Contact Changing the Way We Care at, info@ctwwc.org or visit changingthewaywecare.org

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